



# APPLICATION FOR GROUP RETROSPECTIVE RATING

|  |   |                |
|--|---|----------------|
| Association name                           | Assoc. representative's name                            | E-mail address |
| Association mailing address and location   | Assoc. representative's telephone (including area code) |                |
|  | Date association first formed                           |                |
| City                                       | State   | Zip code+4     |
| Outside authorized representative (if any) |   |                |

**By submitting this signed and completed Application for Group to L&I the sponsoring organization listed above agrees to all of the following conditions:**

- Upon acceptance of our Application for Group by L&I, our organization will sponsor a retrospective rating group in the following business or industry category (check the **one** category that applies to this group):  
**NOTE:** The categories listed below have been abbreviated. A complete description of each category can be found on our web site.
- |  |   |
|--|---|
| <input type="checkbox"/> Agriculture services                    | <input type="checkbox"/> Grocery stores, grocery distribution centers |
| <input type="checkbox"/> Auto, truck & boat, mfg., sales, repair | <input type="checkbox"/> Healthcare, pharmaceutical, laboratories     |
| <input type="checkbox"/> Construction                            | <input type="checkbox"/> Logging & wood products mfg.                 |
| <input type="checkbox"/> Distillation, chemicals, food           | <input type="checkbox"/> Manufacturing, processing, mining            |
| <input type="checkbox"/> Entertainment, hospitality              | <input type="checkbox"/> Retail & wholesale stores and prof. svcs.    |
| <input type="checkbox"/> Facilities, property mgmt., maint.      | <input type="checkbox"/> Temporary help & related services            |
| <input type="checkbox"/> Govt., utilities, schools, healthcare   | <input type="checkbox"/> Transportation & warehousing                 |
- That unless our organization changes plan selection, maximum premium ratio or coverage periods this application will apply to future coverage periods. Our organization understands that we will be required to submit a completed annual agreement to L&I for continued participation and sponsorship of the retrospective rating group covered by this application. In the event that our organization desires to change plan selection, maximum premium ratio or coverage periods we will be required to complete and submit a new Application for Group. We further understand that this new application must be submitted to L&I at least two months prior to the first day of the selected coverage period.
  - If requested by L&I our organization will provide L&I with a surety bond or other security deposit. We understand and agree that the surety bond or security deposit will be in an amount equal to our maximum retrospective premium due under this agreement.
  - We understand and agree to maintain our L&I industrial insurance account in good standing and that it must be in good standing at the time of enrollment/re-enrollment in order to sponsor a retrospective rating group.
  - We will comply with all L&I's laws, rules and regulations.
  - We will cooperate with L&I's claim management activities and will participate in L&I workplace safety initiatives.
  - We understand and agree that our organization is directly responsible to L&I for any additional premium due from this agreement.
  - Our organization will represent all members of the retrospective rating group, if approved, in all matters pertaining to their participation in the above selected retrospective rating group for the selected coverage period and subsequent adjustment periods.
  - As the legal representative, the sponsoring organization is responsible for communicating L&I decisions to the members of the group.

**NOTE:** This agreement cannot be changed without the express written consent of L&I and is in effect through the coverage period selected by the sponsoring organization.

**As a part of the application process our organization has selected the following plan, maximum premium ratio and coverage period:**

|      |                       |                 |
|------|-----------------------|-----------------|
| Plan | Maximum Premium Ratio | Coverage Period |
|      |                       |                 |

**NOTE:** If this application is for a new group you must send a copy of the articles of incorporation, by-laws, or other information to establish the organization's purpose and which validates membership requirements, and a copy of your Safety Plan.

**Upon receipt of this application, L&I will send the sponsoring organization the following documents and/or information:**

- Group Retrospective Rating Agreement Form.
- Application for Group Membership for each group member.
- Notice of any surety bond or other security deposit, if needed.

**All information given in this application and attachments is true and complete.**

|                                      |             |                                   |
|--------------------------------------|-------------|-----------------------------------|
| Association President's name (print) | Date signed | Association President's signature |
|                                      |             |                                   |